

# Provider Credit Balance Reporting

South Dakota Medicaid  
SURS Unit  
Provider Education Series

# Provider Credit Balance Policy

# Policy Background

- South Dakota Medicaid is implementing Provider Credit Balance Reporting beginning in January 2018.
- Provider Credit Balance Reporting is a business process of the Surveillance Utilization Review Subsystem Unit (SURS).
- Credit Balance Report forms are due to the SURS Unit no later than 30 days after end of each quarterly reporting period.

# What is a Credit Balance Report

- A Credit Balance Report is a form providers submit to refund improper or excess payments for medical services back to South Dakota Medicaid.
- A Credit Balance Report is NOT a Self-Audit or a Fraud Review.
- Submitting a Credit Balance Report is mandatory if:
  - ANY type of provider has received an improper or excess payment from South Dakota Medicaid
  - The provider is a hospital or nursing facility

# Submitting Credit Balance Reports

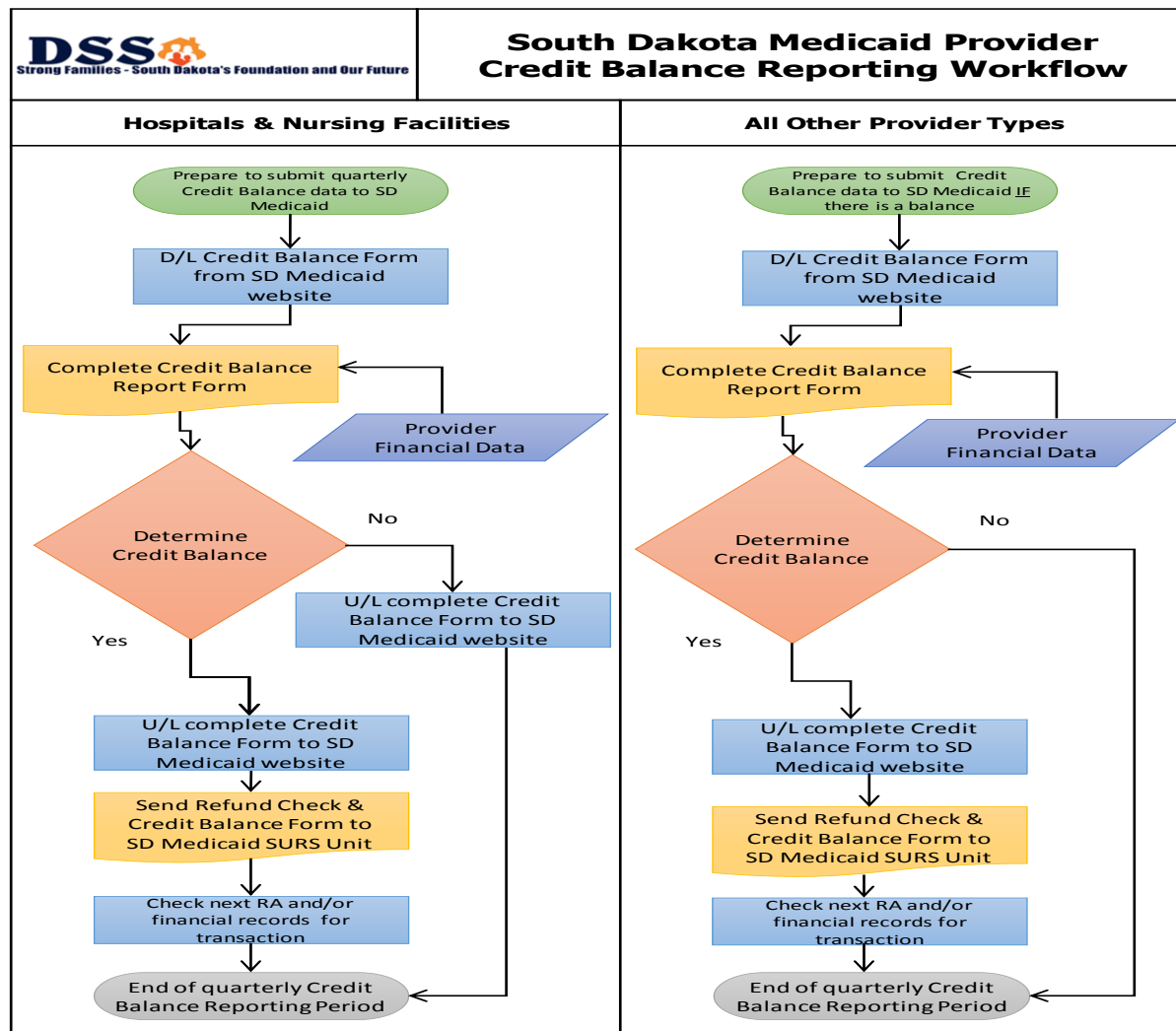
# Who Must Submit Provider Credit Balance Reports?

- All South Dakota Medicaid providers must report any outstanding credits (improper or excess payments) owed to South Dakota Medicaid that have not been previously reported on a Medicaid Credit Balance Report.
- Providers with outstanding credits must refund South Dakota Medicaid the amount of the credit balance on their report.
- Providers who do not owe a balance do not have to submit a Credit Balance Report other than hospitals and nursing facilities.

# Hospitals and Nursing Facilities

- Hospital and nursing facility providers are required to submit a report every calendar quarter even if there are no credit balances.

# Provider Credit Balance Reporting Workflow





# How to Submit the Credit Balance Report Form

- Follow the directions on the form.
  - Fill out all fields with complete information
  - It is preferable to type the information on the Excel version of the form
- E-mail a copy of the completed form to:
  - [DSSPCBF@state.sd.us](mailto:DSSPCBF@state.sd.us)
- Mail a copy of the form with any refund checks to:  
*Department of Social Services  
Division of Medical Services  
SURS Unit, 700 Governors Drive  
Pierre, SD 57501-2291*

# Provider Credit Balance Form - Instructions

## Instructions for Completing Medicaid Credit Balance Report Form

Complete the "Medicaid Credit Balance Report" as follows:

- Full name of facility as it appears on the Medicaid Records
- The billing facility's Medicaid provider number, the servicing provider's Medicaid number, the billing facility's NPI number, and the servicing provider's NPI number. If the billing facility has more than one provider number, use a separate sheet for each number. DO NOT MIX!
- Circle the quarter end date
- Enter year
- The name and telephone number of the person completing the report. This is needed in the event South Dakota Medicaid has any questions regarding an item in the report.

Complete the data fields for each Medicaid balance by providing the following information:

Column 1 – The last name and first name of the Medicaid recipient (e.g., Doe, Jane)

Column 2 – The individual Medicaid recipient identification number

Column 3 – The month, day, and year of beginning service (e.g., 12/05/17)

Column 4 – The month, day, and year of ending service (e.g., 12/10/17)

Column 5 – The date of Medicaid payment on the Remittance Advice (not the posting date)

Column 6 – The Medicaid claim number

Column 7 – The amount of the credit balance (not the amount your facility billed or the amount Medicaid paid)

Column 8 – The reason for the credit balance by entering: "01" if it is the result of any type of third party liability payment (health insurance payment, casualty insurance, or attorney payment) other than Medicare; "02" if it is a result of a Medicare payment; 07 in the event of a billing error. Please use "00" to denote any other type of credit balance and provide an explanation on the back of the form.

After this report is completed, total column 7 and mail to **Department of Social Services, Division of Medical Services, SURS Unit, 700 Governors Drive, Pierre, SD 57501-2291**

# Medicaid Credit Balance Report Form - Sample

## MEDICAID CREDIT BALANCE REPORT FORM

PROVIDER NAME:  CONTACT PERSON:

E-MAIL ADDRESS FOR CONTACT PERSON:  TELEPHONE NUMBER:

BILLING FACILITY'S MEDICAID PROVIDER NUMBER:  SERVICING PROVIDER'S MEDICAID NUMBER:

BILLING FACILITY'S NPI:  SERVICING PROVIDER'S NPI:

QUARTER ENDING: (Only highlight or circle one)      3/31      6/30      9/30      12/31      YEAR:

	C-1 MEDICAID RECIPIENT'S NAME	C-2 MEDICAID RECIPIENT ID NUMBER	C-3 FROM DATE OF SERVICE	C-4 TO DATE OF SERVICE	C-5 DATE MEDICAID PAID	C-6 MEDICAID CLAIM NUMBER	C-7 AMOUNT OF CREDIT BALANCE	C-8 REASON FOR CREDIT BALANCE
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
							\$0.00	

(Only circle or highlight one)

Refund

Adjustment (for TPL only)

**Return form and refund check to:**  
 Department of Social Services  
 Division of Medical Services  
 SURS Unit  
 700 Governors Drive  
 Pierre, SD 57501-2291

# Obtaining the Credit Balance Report Form

- Copies of the Provider Credit Balance Report Form are available in the forms library on the DSS website.
- Please make as many copies as necessary for submitting the Provider Credit Balance Form completely and correctly.

# When Do Providers Submit Reports?

- Credit Balance Reports must be submitted to the SURS Unit no later than the 30 days after the end of each quarterly reporting period (March 31, June 30, September 30, and December 31).
- Many providers currently submit refunds for old claims on a weekly basis.
  - You may continue working to clean up balances in this manner or wait and include all balances at the end of a quarter
  - DO NOT STOP submitting refunds regardless if you continue weekly or move to quarterly submissions!!!

## Key Information

## Key Information – Credit Balances

- When a provider receives an improper or excess payment for a claim, it is reflected in the provider's accounting records (patient accounts receivable) as a "credit."
- Credit balances include money owed to South Dakota Medicaid regardless of its classification in a provider's accounting records. If a provider maintains a credit balance account for a stipulated period (e.g., 90 days) and then transfers the account or writes it off to a holding account, this does not relieve the provider of liability to South Dakota Medicaid.

# Key Information - Payments

- Submitting the Medicaid Credit Balance Report does not result in the credit balances automatically being reimbursed to the Medicaid program.
- A refund check is the preferred form of satisfying the credit balances.
  - Checks must be made payable to South Dakota Medicaid and sent to SURS Unit with the Medicaid Credit Balance form
- If an adjustment (for TPL only) is to be made to satisfy the credit balance, providers must denote this request on the Medicaid Credit Balance Report form.
  - Reimbursement for future claims will be applied toward the balance due to South Dakota Medicaid
  - Sending in a refund check to pay the balance due is highly encouraged



## Key Information – Payments

- South Dakota Medicaid will work with providers to collect outstanding credit balances in a timely, efficient, and effective manner between each reporting period.
- Methods include, but are not limited to contacting the provider, establishing a payment plan, facilitating the placement of a lien, or other actions deemed appropriate by the agency to collect payment.

# Why Submit a Credit Balance Report?

- Outstanding balances of more than \$1,500.00 will result in a provider being unable to enroll or revalidate with South Dakota Medicaid until the balance has been paid.
- Failure to submit a Medicaid Credit Balance Report will result in reimbursement for future claims being withheld until the balance due to South Dakota Medicaid is paid in full.

# Questions



# Additional Questions or Information

## Contact

Anja Aplan

Payment Control Officer

SURS Unit

South Dakota Medicaid

South Dakota Department of Social Services

(605) 773-3495

E-mail: [anja.aplan@state.sd.us](mailto:anja.aplan@state.sd.us)